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CARE OF CONTAGIOUS DISEASES IN A SMALL HOSPITAL *

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As the title implies, it is the purpose of this paper to outline briefly the manner in which contagious diseases, scarlet fever and diphtheria, particularly, are dealt with in a hospital of 125 beds. It will readily be seen that the methods employed would be entirely inadequate in a much larger institution. Difficulties there are, to be sure, but, altogether, the routine has been productive of very good results.

Previous to 1896, no provision was made for the complete isolation of the acute exanthemata in this city. All cases reported were quarantined; and considerable inconvenience resulted. During that year our building for the care of contagious diseases was erected and has been in continuous use since.

This building is so constructed as to provide plenty of fresh air and sunshine, and is completely isolated from the rest of the hospital.

In this pavilion dishes and other utensils are boiled daily. Soiled linen is placed in a canvas bag, deodorized with 5 per cent. carbolic acid, and, ultimately, sterilized in a steam sterilizer before being sent to the laundry.

The floors are brushed once a day. The brooms are covered with canton-flannel bags dampened with 3 per cent. carbolic acid. Tables, chairs, beds, and window-sills are washed with a weak solution of the same antiseptic.

White gowns are worn by the attending physician and interne when visiting the patients. Nurses wear white gowns and protect the hair with a triangular piece of cheese-cloth.

Scarlatina patients on admission are given a cleansing bath and placed on a milk and water diet. Antipyrexia is promoted through cold sponging. Antiseptic gargles, such as Seiler's, Monsel's, hydrogen peroxide, chlorine water, etc., are used for the angina and as a prophylactic against otitis media. Cardiac, otitic, and nephritic complications are carefully watched for. Should such complications occur, they are promptly combated by appropriate measures. As soon as desquama-

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tion begins, the body is anointed with sweet oil or carbolized vaseline. In this way dissemination of the scales is greatly minimized if not entirely controlled.

During the active stage of the disease patients are kept in bed. Semisolid diet is resumed, if no complication exists, when the fever disappears.

The minimum duration of isolation is six weeks; but no patient is permitted to leave the hospital until completely desquamated.

Before being discharged, patients are given a full tub bath, using 1 to 1000 bichloride. The hair is thoroughly washed and treated with a similar solution. An entire change of clothing is insisted upon. Toys, books, and other loose articles are destroyed, and the ward is thoroughly fumigated with formaldehyde.

The general treatment of diphtheria does not vary materially from the foregoing. Prophylactic measures are the same. Patients are kept absolutely at rest in bed.

An initial dose of antitoxin is given on admission, which varies with the age of the patient and the extent of the membrane. Antitoxin is repeated in accordance with the needs of the individual case.

Anointing the body is of course unnecessary; but the antiseptic gargles and sprays are as valuable here as in scarlatina.

The required period of isolation is three weeks; yet no patient is permitted to leave until three successive negative reports on throat cultures have been received.

During the past year there were admitted 21 cases of diphtheria, and our regular routine treatment was instituted. There were 19 recoveries and 2 deaths. Of 27 patients with scarlet fever, 23 recovered and 4 died.

While I do not consider every phase of our management of these cases to be ideal, realizing great improvement could be made,—in the way of a special kitchen, individual bath tubs, special sterilizing apparatus, and other refinements,—the results are, however, very encouraging; and until such time as more commodious quarters and better facilities are provided, we shall continue to handle these diseases as set forth.

DISCUSSION

A MEMBER: Tell us how the nursing service is managed. How long a service the nurses have and how arranged.

MISS ARNOLD: In diphtheria cases, nurses remain three weeks in the contagious department. If a nurse is on one case and another case comes in, a new nurse is put in charge of the second case. When a nurse finishes duty on a case of contagion, she is allowed two days off. In scarlet fever cases the nurses do not serve more than two weeks each.

MISS DEWITT: Are these nurses given antitoxin and are their throats examined before leaving a case?

MISS ARNOLD: There is a difference of opinion in regard to whether nurses should have a preventive. The physician attendant on the service usually decides. Sometimes he insists on having it, and sometimes on account of the short duration he thinks it unnecessary.

MISS JONES: Then the Board of Health does not control this?

MISS ARNOLD: No. We are the only hospital in Troy that cares for contagious diseases. Here they insist on three negative cultures. It is not a question of what the nurse desires. Usually the physicians want them to have it.

MISS KEITH: What proportion of nurses contract either diphtheria or scarlet fever? What proportion of those who have had antitoxin and those who have not?

MISS ARNOLD: We had several cases of contagion in the hospital. Had cultures taken from all the patients in the hospital and all the nurses and in that way got at the bottom of it. One nurse developed scarlet fever while she was taking care of a patient.

MISS KEITH: But how many?

MISS ARNOLD: One nurse out of a school of forty. The contagious department is open all year, but usually cases develop only in the winter. This was the only nurse who contracted it and hers was a short and very mild case.

The president asked how contagion was managed in other hospitals.

MISS EHRLICHER (German Hospital, New York): If patients who have been operated upon develop any contagious disease, we have to take care of them. We cannot transfer them to any other hospital. We have occasionally taken care of our own nurses and sometimes have sent them to Menton, according to the doctor's judgment and our service.

MISS SCOTT (Syracuse): We have only just started. Our contagious department accommodates only six patients and is built on the type of the medical pavilion. The same elevator is used that the medical pavilion uses, and there is a door opening to every room. There are no doors connecting rooms. We have a separate kitchen and sterilizer for clothing. The food is sent up on carts and put at each window. Each window is numbered. As yet only two cases of scarlet fever have been cared for.

MISS O'HEARN: In scarlet fever or diphtheria, if the attending physician would advise a preventive dose of antitoxin and the nurse objected, is it compulsory that the nurse should obey his orders?

MISS ARNOLD: It seems that if it is the advice of the attendant on the service, we would have to submit.

MISS PINDELL (New York City Training School): In our training school nurses are not compelled to take antitoxin.

MRS. BELL: In the Rochester State Hospital it has never been made compulsory. The nurses are advised to take it, but the physician feels it is the right of the nurse to refuse if she wishes to do so.

MISS ANDREA: We have a separate building for each disease. We have more scarlet fever than anything else. For this we have two buildings, which accommodate about 75. The diphtheria building accommodates 25, smallpox, 10, and a building for erysipelas and other diseases. Nurses are not compelled to take antitoxin, but in malignant cases they are strictly urged to. We have all graduate nurses. There is no training school. The same nurses serve the year round. Very few of them contract the diseases.

MISS PALMER: I would like to ask for some discussion on the care of the linen. I think the process of sterilizing between bed and wash-tub is one unnecessary handling and is the same as the boiling process when clothes are washed. Boiling is just as effective as sterilizing, and it seems sterilizing is an unnecessary handling. It is a man's method of taking care of soiled clothing more than a good washer-woman's.

MISS PINDELL: I am afraid our method is man-made. We have to consider in a large hospital the fact that clothing passes through incompetent hands. We have to adopt the man-method as an extra precaution. In smaller hospitals possibly that labor could be saved—the precaution of disinfecting, using a solution. We do not have very many cases of contagion in our city hospital. In the hospital or nurses' home we only keep cases until they are positively diagnosed, then the boat comes up from the Department of Health and transfers the cases. Personally, I think, in a home for nurses, where there is a large building, there should be sufficient accommodations to take care of the nurses. Nurses, particularly in our school, have a perfect horror of going on the boat and being transferred to another hospital. In New York City the Department of Health has a great deal of trouble in getting a sufficient number of nurses to take care of the patients sent to them. We have worked several years towards that end—to have ample accommodations to take care of our own nurses.

MISS SCOTT: We have a large sterilizer where clothing is put in and boiled immediately as used. Then the porter from our regular laundry wrings it out and it is taken to the regular laundry. In our hospital the members of the laundry staff would object to handling clothes from the contagious wards that did not go through the sterilization process. They have a horror of contagious disease and think that if the clothes were not properly sterilized before they reach their hands, they would all come down with contagion.

MISS ANDREA: Our hospital is for contagious diseases only. We have a steam laundry on the ground. The laborers reside there. We take no precaution. Clothing is simply sent down to the laundry and put in the steamers. There is no other laundry maintained.

Comments on private home sterilizing were asked for.

MISS EHRLICHER: I think it would depend largely on the household. In one instance, in a house with four servants, and nursery and bathroom next to it for the child, I waited until the end of the week and disinfected the clothing with carbolic, and when all the other laundry was done sent the clothing to the laundry. In a smaller apartment an ordinary wash-boiler could be put on the stove, and as soon as through with the clothing it could be put into the wash-boiler and boiled, then sent to the regular laundry.

MISS O'HERN: Sometimes you could not allow your laundry to stand if you wished to. For instance, there is no place to put the boiler. Most people in moderate circumstances have no servants. You have to protect all the people in the house. There is only one bathroom for the family and for your use. What are you going to do? I would use a solution.

MRS. BELL: In the State Hospital, we think it advisable to have a receptacle filled with water at the bedside and carry the clothing in water to be sterilized so that there is no chance of germs flying. With insane patients we have to be very careful of solutions.

MISS GOODRICH: The proposition at Bellevue is different from the majority

of hospitals. We have no mattresses, only army blankets. These are all washed and sent to the steam sterilizers—sometimes sterilized by steam and sometimes formaldehyde. We have three divisions of disinfection—sterilizing, formaldehyde, and sulphide. Where there are no mattresses all the bedding can go into the laundry.

MISS HARTMAN: How can we manage in a case where the patient in a small apartment is asked to be anointed with oil? The clothing on the beds gets grease spots on it. How are we going to remove the grease spots? When in an apartment house a child will cut up papers and there is no place to burn them, how are you going to keep the room clean? The janitor objects to your bringing them to the furnace room to be burned, as he does not want his children to get the contagion.

MISS SWIFT: About the spots on bedding, the clothing can be put into a bath-tub and left to soak there in cold water. The oil will come to the top and is very easily taken off of cold water. If soap is then put on, the spots are easily washed out.

MISS HARTMAN: If you do put them in a boiler and set it on with cold water, the spots remain and are set by the time the housemaid has them. What then?

MISS SWIFT: Use sal soda. They will always come out with sal soda and soap.

MISS GOODRICH: In institutions they very frequently have sinks in which are steam pipes. It is possible to turn on cold water and put clothing in and let it drain off, and then turn on the steam. In contagious pavilions, these sinks should be connected with the wards so that the clothing can be immediately sterilized without sending it any distance.

MISS HARTMAN: In private homes where there is only one bath-tub, only one toilet, for your use and the family's, isolation and protecting the rest of the family is very necessary. There is only one kitchen, where the food is prepared, and the maid objects to putting on your boiler of clothes, what are you going to do?

MISS LURKINS: The Board of Health suggests using gauze sheets in addition to family linen and these can be taken off and burned.

MISS KEITH (Rochester City Hospital): We have no contagious department in connection with our hospital. When measles broke out in our general wards and the nurses contracted it, we took the clothing off the beds and immediately put them into a bag which had been disinfected or soaked in formaldehyde. They were then taken to a hot box before going to the laundry. Everything in isolated wards is burned after each case. Everything in the room is burned—toys, books, everything except the furniture and bedding and rugs. Rugs are disinfected in the same manner as the linens. Mattresses and pillows are done up in a sheet wet in formaldehyde and sent down to the formalin sterilizer.

MISS EVERINGHAM: What percentage of formaldehyde is used?

MISS ARNOLD: Eight ounces of formaldehyde is used in the contagious building. In wards we use the tablets and put four tablets into a cup arrangement. The name of the formalin apparatus I do not recall, but it is a very simple arrangement. A little cup arrangement that fits in an alcohol flame. We start it for 24 hours.

THE PRESIDENT: What solution is used in the disinfection of clothing?

MISS WHEELER: A 2 per cent. solution.